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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 106400001		CITY OR TOWN SALEM	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: P.W. PUB O	F SALEM, CO.,INC.		
DOING BUSI	NESS A REGATTA	PUB		
ADDRESS 22	3 DERBY STREET			
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER:	ROCKETT, RICHARD P	TYPE OF LICENSE:Ir	nnholder CATEGORY	7: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
TWO MEANS	S OF EGRESS, ONE	AT THE FRONT AND O	KERING WHAR F. 25 X31 OR ONE_REAR. OUTSIDE SEATI O TO THE ROOMS VIA ROOM	NG
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now licensed;	
2. the	licensee has complie	d with all laws of the Con	nmonwealth relating to taxes; an	d
3. the	premises are now op	en for business (If not exp	plain below)	
SIGNED BY:		Partner or Authorized Corp	parata Officar	
	marviduai, F	ratifier of Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
	IELE	FHONE NUMBER.	(Note: NOT Individual Socia	
*** .1		• 40.		
			he certificate required by Cha ad of the fire department for t	
	•	~ ·	required by Chapter 116 of th	
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:			-	
DAIL.				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1064000	J02	CITY OR TOWN SAI	∠EIVI
APPLICATION FOR RENEW	/AL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: SALEM DOING BUSINESS A ADDRESS 23 CONGRESS S'	WATERFRONT HOTEL & S	UITES LLC	
		ZID CODE. 010	070
CITY/TOWN: SALEM	STATE: MA		970
MANAGER:	TYPE OF LICENSE:Re	staurant CATEC	GORY: All Alcohol
EMAIL ADDRESS:			
	O VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
THREE ROOMS ON THE FII REAR FOR STORAGE. TWO	RST FLOOR OF A THREE ST	ORY BLDG., WITH CEL	LAR AND
2. the licensee has cor	will be of the same type for the implied with all laws of the Comi w open for business (If not expl	monwealth relating to taxe	
SIGNED BY: Individu	ual, Partner or Authorized Corp	orate Officer	
DATE: T	ELEPHONE NUMBER:		NTIFICATION NUMBER:
Acts of 2004, signed by the b	hat we are in possession (1) the puilding inspector and the head the of liquor liability insurance in	d of the fire department	for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



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LICENSE NUMBER	C: 106400003		CITY OR TOW	N SALEM	
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HIBERNIAN BUIL	DING ASSN. OF SA	LEM INC. THE		
DOING BUSINESS	A				
ADDRESS 00104A	BOSTON STREET				
CITY/TOWN: SAL	EM	STATE: MA	ZIP CODE:	01970	
MANAGER: CAR	RICK, SHAUN TYPI	E OF LICENSE: Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISI	ES:			
	T, ONE REAR HALL OF A TWO STORY BI				
I hereby certify and s	wear under penalties of	of perjury that:			
1. the renew	ed license will be of the	ne same type for the s	ame premises no	w licensed;	
2. the licens	ee has complied with a	all laws of the Commo	onwealth relating	g to taxes; and	
3. the premi	ses are now open for b	usiness (If not explai	n below)		
SIGNED BY:	Individual, Partner of	or Authorized Corpor	ate Officer		
DATE:	TELEPHONE	NIIMRER:	EMPLOY	'ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHONE	THOMBER.	(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signed	d, attest that we are i d by the building insp certificate of liquor li	ector and the head	of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expla	nin)				
( mouppio, ou expir	,				
DATE:					
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED BY LIC	ENSEES DURING THE MO	NTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106400004		CITY OR TOWN	SALEM	
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 201	3 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 15 BRID	A 99 RESTAURANT/			•	
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970	
MANAGER: BUT G.	TS,WILLIAM TYPE	OF LICENSE: Rest	aurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI		AIL ADDRESS		
	LICENSED PREMISES JUNGE, EMPLOYEE L		ESSING BOOM S	TODACE DO	OMC
	FROOMS. THREE EN			TORAGE RO	OMS,
2. the licens	yed license will be of the see has complied with all ises are now open for bu	laws of the Commissiness (If not explain	onwealth relating to n below)		
	marviduai, raitiiei oi	Authorized Corpor	ate Officer		
DATE:	TELEPHONE I	NUMBER:		R IDENTIFICATIO	
Acts of 2004, signe	d, attest that we are in d by the building inspe certificate of liquor lial	ctor and the head	of the fire departi	ment for the a	bove named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	RITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400006		CITY	OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annua CLAS		LICEN	SED FOR 20	013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 2 BRIDG	A THE BLACK L			S COVE		TEAK
CITY/TOWN: SAI	LEM	STATE:	MA ZI	P CODE:	01970	
MANAGER: KAS	,	PE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V		OUR EMAIL ADDI	RESS		
DESCRIPTION OF				IC VITCHE	NI AND CEL	LAD
ONE ROOM ON THE FOR KEEPING, BA				NG, KITCHE	IN AND CEL	LLAK
2. the licens 3. the premi	wed license will be or see has complied wit ises are now open fo	f the same type for h all laws of the	or the same p Commonwea	lth relating to		
SIGNED BY:	Individual, Partne	er or Authorized	Corporate Of	ficer		
DATE:	TELEPHO	NE NUMBER:	(1			TON NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the	d by the building in	spector and the	e head of the	fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOC By:	CAL LICENS	ING AUTHO	ORITY
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400007		CITY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	FRIENDS RESTAU	RANT, INC.			
DOING BUSINESS	A PASSAGE TO INI	OIA			
ADDRESS 157 WA	SHINGTON STREET	ı			
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970	
	HUNIA, TYPI RINDER S.	E OF LICENSE:Res	taurant C.	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
	DINING ROOM, FULI S, ONE EMERGENCY		AGE ROOM, RES	TROOMS, TWO	
I hereby certify and	swear under penalties o	of perjury that:			
1. the renew	ved license will be of the	ie same type for the	same premises now	licensed;	
	see has complied with a		•	o taxes; and	
3. the premi	ises are now open for b	usiness (If not expla	in below)		
SIGNED BY:	Individual, Partner o	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER:	
			(Note: NOT Inc	lividual Social Security Number)	
Acts of 2004, signe	d by the building insp	ector and the head	of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.	Í
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expl	ain)				
(ii disapproved expi	aiii)				
DATE:					
•					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400008	•	CITY OR TOWN SALEM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	13
	CLASS	•	YEAR
LICENSEE NAME: THE LAFAY	ETTE ASSOCIATES OF S.	ALEM, MASS.	
DOING BUSINESS A			
ADDRESS 13 BROADWAY			
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER: O'NEIL, JON M.	TYPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
FIVE ROOMS IN THE BASEMEN	T OF A BASEMENT BLD	G. ONE ENTRANCE/EXIT.	
I hereby certify and swear under pen	alties of perjury that:		
1. the renewed license will be	be of the same type for the same	ame premises now licensed;	
2. the licensee has complied	with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now ope	n for business (If not explain	n below)	
SIGNED BY:			
Individual, Pa	artner or Authorized Corpora	ate Officer	
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATI	ON NUMBER:
		(Note: NOT Individual Social Se	curity Number)
We the undersigned, attest that w Acts of 2004, signed by the building			
license and (2) the certificate of license			
Please Check Below:		LOCAL LICENSING AUTHO	RITY
APPROVED:		By:	/KIT I
DISAPPROVED:		2).	
(If disapproved explain)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	106400009	(	LITY OR TOWN	SALEM	
APPLICATION FOR	RENEWAL:	Annual	LICENS	ED FOR 2013	
		CLASS		YE	EAR
LICENSEE NAME:	SALEM SPORTS PUI	B,INC.			
DOING BUSINESS A	SIDELINES				
ADDRESS 105 CANA	AL ST				
CITY/TOWN: SALE	M	STATE: MA	ZIP CODE:	01970	
MANAGER: MACI	EAN, VICKI TYPE (	OF LICENSE: Resta	nurant CA'	TEGORY: A	ll Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	:			
	JILDING APPROX 34 L, KITCHEN WITH CO		XIT AND ENTRA	NCES. DININ	G
I hereby certify and sw	vear under penalties of	perjury that:			
1. the renewed	d license will be of the	same type for the sa	ame premises now li	icensed;	
2. the licensee	has complied with all	laws of the Commo	onwealth relating to	taxes; and	
3. the premise	es are now open for bus	iness (If not explain	n below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpora	ate Officer		
DATE:	TELEPHONE N	IUMBER:		DENTIFICATION	
			(Note: NOT Indiv	idual Social Secur	rity Number)
We the undersigned.	attest that we are in	possession (1) the	certificate required	l by Chapter 3	304 of the
Acts of 2004, signed	by the building inspec	ctor and the head	of the fire departm	ent for the ab	ove named
license and (2) the ce	rtificate of liquor liab	oility insurance rec	quired by Chapter	116 of the Act	ts of 2010.
Please Check Below:			LOCAL LICENSII	NG AUTHOR	ITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				<del></del>
DATE					
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400010	CIT	Y OR TOWN	SALEM	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: BERTINI'S INC.				
DOING BUSINESS A				
ADDRESS 284-86 CANAL STREET				
CITY/TOWN: SALEM	STATE: MA	ZIP CODE:	01970	
MANAGER: BERTINI, JOHN A. TYPE O	F LICENSE: Restaura	ant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMAIL A	DDRESS		
DESCRIPTION OF LICENSED PREMISES:				
THREE ROOMS ON THE FIRST FLOOR OF FOR KEEPING. FOUR ENTRANCES/EXITS		JILDING. CEL	LAR AND K	TICHEN
I hereby certify and swear under penalties of pe	erjury that:			
1. the renewed license will be of the sa	ame type for the same	e premises now	licensed;	
2. the licensee has complied with all la	ws of the Commonw	ealth relating to	taxes; and	
3. the premises are now open for busing	ess (If not explain be	elow)		
SIGNED BY:				
Individual, Partner or A	uthorized Corporate	Officer		
DATE: TELEPHONE NU	JMBER:		IDENTIFICATI	
		(Note: NOT Indi	vidual Social Se	curity Number)
We the undersigned, attest that we are in po	ossession (1) the cer	tificate require	d by Chapte	r 304 of the
Acts of 2004, signed by the building inspect	or and the head of t	he fire departn	nent for the a	above named
license and (2) the certificate of liquor liabil	ity insurance requi	red by Chapter	116 of the A	Acts of 2010.
Please Check Below:	LO	OCAL LICENS	ING AUTHO	RITY
APPROVED:	Ву	y:		
DISAPPROVED: (If disapproved explain)	_			
(1 disapproved enplain)				
DATE:	<del>-</del>			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 106400012		CITY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 15 CEN	A RED'S SANDWIC				TLAK
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970	
MANAGER: DRI	VAS, JOHN A. TYPE	E OF LICENSE:Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
TWO DINING ROC	LICENSED PREMISE DMS, REAR KITCHEN O ENTRANCES/EXI	N, SECOND FLOOI		OUTDOOR	
	see has complied with a ises are now open for b  Individual, Partner o	usiness (If not expla	in below)	o taxes; and	
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are i d by the building insp certificate of liquor li	ector and the head	l of the fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explains)	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 106400013	•	CITY OR TOWN SALEM	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: SALEM REST	CAURANT CORPORATIO	ON	
DOING BUSINI	ESS A THE LYCEU	JM RESTAURANT		
ADDRESS 43 C	CHURCH ST.			
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE: 01970	
	HARRINGTON, GEORGE F	TYPE OF LICENSE: Rest	aurant CATEGORY	Y: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	OF LICENSED PRI	EMISES:		
CELLAR FOR FOR THE THIRD	KEPPING, TWO RO	OMS ON THE SECOND ONT ENTRANCES/EXIT	F STORY BLDG, KITCHEN FLOOR, ONE ROOM IN TH S, ONE REAR EXIT. ONE	
I hereby certify a	and swear under pena	alties of perjury that:		
1. the re	enewed license will b	e of the same type for the s	ame premises now licensed;	
2. the lie	censee has complied	with all laws of the Commo	onwealth relating to taxes; an	d
3. the pr	remises are now oper	n for business (If not explai	n below)	
SIGNED BY:	Individual, Pa	rtner or Authorized Corpor	ate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Acts of 2004, si	gned by the buildin	g inspector and the head	certificate required by Cha of the fire department for th quired by Chapter 116 of th	he above named
Please Check Below	<u>r:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED (If disapproved 6				
(11 disapproved 6	Apiaiii)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400015		CITY OR TOWN SAI	LEM
APPLICATION FO	R RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	: B.P. GLAD HOLDIN	NGS LLC		
DOING BUSINESS	S A HARBORSIDE RE	STAURANT & PU	JB	
ADDRESS 75 CON	IGRESS STREET			
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE: 019	970
	STANZO, TYPE EPH	OF LICENSE: Res	taurant CATEO	GORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	SS:		
FIRST FLOOR OF TWO ENTRANCES		ICK BLDG., KITC	HEN AND CELLAR FO	R KEEPING.
	swear under penalties o	f perjury that:		
-	=		same premises now licen	sed;
2. the licens	see has complied with a	ll laws of the Comn	nonwealth relating to taxe	es; and
3. the prem	ises are now open for b	usiness (If not expla	in below)	
SIGNED BY:	T 11 1 1 D		OSC	
	Individual, Partner o	r Authorized Corpo	rate Officer	
DATE:			EMBLOWED IDEA	UTIFIC ATION NI IMPED
DATE.	TELEPHONE	NUMBER:		TIFICATION NUMBER:  1 Social Security Number)
				. Social Security 1 (amout)
			e certificate required by l of the fire department	
, 0			equired by Chapter 116	
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved expl	lain)			
DATE:				
<i>νι</i> 11 <i>ν</i> .				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400016		CITY OR TOWN S	ALEM
APPLICATION FOR RENEWAL:		LICENSE	D FOR 2013
LICENSEE NAME: ADRIATIC DOING BUSINESS A ADRIATIC ADDRESS 155 WASHINGTON S	C RESTAURANT AND BA	R	YEAR
CITY/TOWN: SALEM	STATE: MA	ZIP CODE:	01970
MANAGER: CELA,FLORIAN	TYPE OF LICENSE: Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISITE DESCRIPTION OF LICENSED PI	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
FRONT AND REAR ENTRANCE SMALL BAR, STORAGE ROOM, AREA.	/EXIT, KITCHEN, WAITI		
2. the licensee has complie	nalties of perjury that: be of the same type for the sed with all laws of the Commerce for business (If not explain	onwealth relating to ta	
SIGNED BY: Individual, F	Partner or Authorized Corpor	rate Officer	
DATE: TELE	PHONE NUMBER:		DENTIFICATION NUMBER:
We the undersigned, attest that vacts of 2004, signed by the build license and (2) the certificate of l	ing inspector and the head	of the fire departme	nt for the above named
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSIN By:	G AUTHORITY
DATE:			



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LICENSE NUMBER:	106400017		CITY OR TOWN SALEM
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NAME:	JAY EL ENTERPRISE	S, LLC	
DOING BUSINESS A	A ROCKAFELLAS		
ADDRESS 227-31 ES	SSEX ST		
CITY/TOWN: SALE	EM S	STATE: MA	ZIP CODE: 01970
	CHINO, TYPE O	F LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:			
P	LEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTION OF L	ICENSED PREMISES:		
BATHROOM, ADDI RESTAURANT TO T BEER LINE SYSTEM LINE EQUIPMENT	TIONAL SPRINKLER S THE HALL, A FULL SE MKITCHEN WILL IN AND DISHWASHER U	SYSTEMS, NEV RVICE BAR AF ICLUDE NEW V NIT, INSTALLA	XITCHEN FACILITY, EXPANDED V STAIRCASE LEADING FROM THE REA WITH REFRIDGERATION AND WALK IN DRY STORAGE, ALL NEW ATION OF HOOD ANSELL SYSTEM WING AND VENTILATION FOR MAIN
	wear under penalties of po	eriury that:	
•	•	•	same premises now licensed;
		* *	nonwealth relating to taxes; and
3. the premise	es are now open for busin	ness (If not expla	in below)
SIGNED BY:	Individual, Partner or A	uthorized Corpo	urate Officer
	marvidual, Furnier of 71	dinorized Corpo	Tale Officer
DATE:	TELEPHONE NU	IMRED.	EMPLOYER IDENTIFICATION NUMBER:
	TEELI HONE IV	SWIDEK.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed	by the building inspect	or and the head	e certificate required by Chapter 304 of the l of the fire department for the above named equired by Chapter 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVED:			
(If disapproved explain	n)		



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LICENSE NUM	MBER: 106400018		CITY OR TOWN	SALEM
APPLICATION	N FOR RENEWAL	: Annual CLASS	LICEN	ISED FOR 2013 YEAR
LICENSEE NA DOING BUSIN		TARZYNSKI POST #55	POL.LEG.AM.VETS	S.
ADDRESS 9 D	DANIELS ST.			
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE:	01970
MANAGER:	GOCLAWSKI, TADEUSZ	TYPE OF LICENSE: C	Club C	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
		OOR, ONE ROOM ON TO ORY BLDG. TWO ENT		R, TWO ROOMS ON
I hereby certify	and swear under pe	enalties of perjury that:		
1. the 1	renewed license wil	l be of the same type for the	he same premises now	v licensed;
2. the l	licensee has complie	ed with all laws of the Cor	nmonwealth relating t	to taxes; and
3. the 1	premises are now or	en for business (If not ex	plain below)	
SIGNED BY:	Individual, l	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the build	ling inspector and the he	ad of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE	ED:			
(If disapproved	explain)			
			<u>-</u>	
DATE:			-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400019	C	ITY OR TOWN SALEM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: SALEM HOSPITA	LITY GROUP,INC,		
DOING BUSINESS A			
ADDRESS 161 ESSEX STREET			
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER: KALLELIS, CLAIRETYF	PE OF LICENSE: Restar	urant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMAI	L ADDRESS	_
DESCRIPTION OF LICENSED PREMIS	SES:		
T1 1 20 1 1			
I hereby certify and swear under penalties			
<ol> <li>the renewed license will be of</li> <li>the licensee has complied with</li> </ol>	* *	•	
3. the premises are now open for			
5. the premises are now open for	business (II not explain	( delow)	
SIGNED BY:			
	or Authorized Corporat	te Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	ΓΙΟΝ NUMBER:
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we are	in possession (1) the c	ertificate required by Chant	er 304 of the
Acts of 2004, signed by the building ins	spector and the head o	f the fire department for the	above named
license and (2) the certificate of liquor	liability insurance req	uired by Chapter 116 of the	Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	06400021		CITY OR TOWN	SALEM	
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: CI	HESTNUT STREET	INVESTMENTS	INC.		
DOING BUSINESS A I	N A PIG'S EYE				
ADDRESS 146-48 DER	BY ST.				
CITY/TOWN: SALEM		STATE: MA	ZIP CODE:	01970	
MANAGER: REARDO JENNIFE		OF LICENSE: Resi	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LIC					
PREMISES LOCATED			ILDING. TWO E	NTRANCES/E	EXITS.
I hereby certify and swea	-				
	icense will be of the	• •	-		
	as complied with all		•	to taxes; and	
3. the premises a	are now open for bus	iness (If not expla	in below)		
SIGNED BY:	dividual, Partner or A	Authorized Cornor	rata Officar		
111	dividual, I artifer of 7	Authorized Corpor	rate Officer		
DATE:	TELEDIJONE N	TIMBED.	EMPI OVE	R IDENTIFICATI	ION NUMBER:
	TELEPHONE N	UMBER:		dividual Social Se	
					,
We the undersigned, at Acts of 2004, signed by	the building inspec	tor and the head	of the fire depart	ment for the a	above named
license and (2) the certi	mcate of fiquor hab	inty insurance re	equired by Chapte	er 116 of the A	ACIS 01 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
(II disupproved expidin)					



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LICENSE NUMBI	ER: 106400022		CITY OR T	OWN SALEM	
APPLICATION FO	OR RENEWA	L: Annual	]	LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: FRANCO-	PARADISE, INC.			
DOING BUSINES	S A BANGKO	OK PARADISE THAI CUIS	SINE AND BA	AR	
ADDRESS 90 WA	ASHINGTON S	ST			
CITY/TOWN: SA	ALEM	STATE: MA	ZIP CO	DE: 01970	
MANAGER: CA	APELLAN, SAIRIS	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		<u> </u>
DESCRIPTION O	F LICENSED	PREMISES:			
THE FIRST FLOC	OR OF A ONE M, BAR, STO	I, KITCHEN, STORAGE A STORY BLDG. BASEME RAGE AREA AND RESTR	NT LEVEL C	ONSISTS OF ONE	E
I hereby certify and	d swear under p	penalties of perjury that:			
1. the rene	ewed license wi	ill be of the same type for the	e same premis	es now licensed;	
2. the licer	nsee has compl	ied with all laws of the Com	monwealth re	lating to taxes; and	
3. the prer	nises are now o	open for business (If not exp	lain below)		
SIGNED BY:	Individual	Partner or Authorized Corp	oorate Officer		
DATE:	TEL	EPHONE NUMBER:		PLOYER IDENTIFICA' NOT Individual Social S	
Acts of 2004, sign	ed by the buil	t we are in possession (1) the ding inspector and the hear liquor liability insurance	d of the fire o	department for the	above named
Please Check Below:	_		LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp					
(ii disapproved exp	piaiii)		-		
DATE:			-		



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LICENSE NUI	MBER: 100400023		CITY OR TOWN SALEM	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEA	R
LICENSEE NA	AME: WITCH CITY	Y POST #1524 VFW OF	THE U.S. INC.	
DOING BUSI	NESS A			
ADDRESS 95	DERBY STREET			
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER:	MULLINS, RICHARD P.	TYPE OF LICENSE: Ve	eterans club CATEGORY: All A	Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	CMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
2 ROOMS ON TWO ENTRA		R, TWO ROOMSIN THE	BASEMENT OF A ONE STORY BLI	OG.
I hereby certify	y and swear under pen	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now licensed;	
2. the	licensee has complied	d with all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now ope	en for business (If not expl	lain below)	
SIGNED BY:				
SIGNLD D1.		artner or Authorized Corp	orate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION N	UMBER:
	TEEL	TIOTE TYOMBER.	(Note: NOT Individual Social Security	Number)
Acts of 2004,	signed by the building	ng inspector and the hea	ne certificate required by Chapter 304 d of the fire department for the abov required by Chapter 116 of the Acts of	e named
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUTHORIT	Y
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400024		CITY OR TOWN SALEM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: WITCHES BR	EW CAFE INC.		
DOING BUSINESS A			
ADDRESS 156 DERBY STREET			
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER: IPPOLITO, DONNA' MARIE	TYPE OF LICENSE: Res	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	_
DESCRIPTION OF LICENSED PRE	MISES:		
FOUR ROOMS ON FIRST FLOOR (ENTRANCES AND EXITS	OF A THREE STORY B	LDG. CELLAR FOR STORAGE	. THREE
3. the premises are now open  SIGNED BY:  Individual, Par	for business (If not explain the control of the con		
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <b>NOT</b> Individual Social So	
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu	g inspector and the head	e certificate required by Chapto I of the fire department for the	er 304 of the above named
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED: [ (If disapproved explain)			
(11 disappiovod expiaiii)			_
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106400025		CITY OR TOWN	SALEM
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 26 CON	A THE GRAPEVINE			
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970
MANAGER: RAY	Y-FRASER, TYPE CEY	E OF LICENSE: Res	taurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB		IAIL ADDRESS	
THREE ROOMS OF	LICENSED PREMISE  N THE FIRST FLOOR FOR KEEPING, OUTS	OF A ONE STOR	Y BLDG THREE E	ENTRANCES AND
2. the licens	red license will be of the see has complied with a ses are now open for be	ll laws of the Comn usiness (If not expla	nonwealth relating t	
	Individual, Partner o	r Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building insp	ector and the head	of the fire depart	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400026	C	ITY OR TOWN	SALEM
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WARD II SOCIAL CL	UB OF SALEM		
DOING BUSINESS A			
ADDRESS 0001-3 E.COLLINS STREET			
CITY/TOWN: SALEM	STATE: MA	ZIP CODE:	01970
MANAGER: CODY, LORRAINE TYPE C	OF LICENSE: Club	CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED PREMISES	:		
TO INCLUDE OUTSIDE DECK.			
<ol> <li>I hereby certify and swear under penalties of p</li> <li>the renewed license will be of the</li> <li>the licensee has complied with all</li> <li>the premises are now open for bus</li> </ol>	same type for the sa laws of the Commo	nwealth relating to	
SIGNED BY: Individual, Partner or A	Authorized Corpora	te Officer	
DATE: TELEPHONE N	IIIMRFR:	EMPLOYER	R IDENTIFICATION NUMBER:
TELEK HONE IV	OVIDER.	(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we are in pacts of 2004, signed by the building inspecticense and (2) the certificate of liquor liab	tor and the head o	f the fire departr	nent for the above named
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400027	C	ITY OR TOWN SALE	M
APPLICATION FOR RENEWAL	: Annual CLASS	LICENSED FO	R 2013 YEAR
LICENSEE NAME: THOMAND DOING BUSINESS A MURPHY ADDRESS 300 DERBY STREET	O INC.		
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970	)
MANAGER: KELLY, SUSAN	TYPE OF LICENSE: Restar	urant CATEGO	RY: All Alcohol
DESCRIPTION OF LICENSED P 1ST. FL. LOUNGE, DINING ARE	EA, 2ND FL. LOUNGE,DININ	NG AREA,3RD FL. MEZ	
OFFICES. 1ST FL.LIQUOR STOP ST, 1 OF WHICH IS AN ENTRAL		THREE EXITS FACING	CENTRAL
2. the licensee has complied 3. the premises are now opposed SIGNED BY:	l be of the same type for the same ded with all laws of the Common pen for business (If not explain Partner or Authorized Corporate	nwealth relating to taxes; below)	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual Sc	
We the undersigned, attest that Acts of 2004, signed by the build license and (2) the certificate of 1	ling inspector and the head o	f the fire department for	the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU By:	THORITY
DATE:			



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LICENSE NUMBE	R: 106400028		CITY OF	R TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	THE HUNGRY P	IG INC.				
DOING BUSINESS	A THE OLD SPOT	1				
ADDRESS 121 ESS	SEX STREET					
CITY/TOWN: SAI	LEM	STATE: MA	ZIP (	CODE:	01970	
MANAGER: ORA	AIBI, MILISSA TY	PE OF LICENSE: Res	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:	-				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRES	S		_
	LICENSED PREMI					
KITCHEN. BASEN	MENT REFRIGERA	O W/ BAR, PUB SEA TION AND STORAC ON HAWTHORNE E	GE. MAIN			ESSEX
I hereby certify and	swear under penaltie	s of perjury that:				
1. the renev	ved license will be of	the same type for the	same prei	nises now	licensed;	
	-	n all laws of the Comr		•	o taxes; and	
3. the prem	ises are now open for	business (If not explain	ain below)			
SIGNED BY:	Individual, Partne	r or Authorized Corpo	orate Offic	er		
DATE:	TELEPHON	IE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEEET HOT	(E) (C) (E)	(Not	e: <u>NOT</u> Inc	dividual Social S	ecurity Number)
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the head liability insurance r	l of the fir	re depart	ment for the	above named
Please Check Below:			LOCAL	L LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: [] (If disapproved expl	ain)					
Transfer supp	,					
DATE.						
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED BY I	LICENSEES DURING THE M	ONTH OF NO	OVEMBER (M	I.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUI	VIBER: 106400029	•	CITY OR TOWN SALEM
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: COSMOPOLITA	N CLUB OF SALEM I	NC
DOING BUSIN	NESS A		
ADDRESS 24	ENDICOTT ST.		
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE: 01970
MANAGER:	LEWIS, THOMAS TY	YPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDR	ESS:		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION	N OF LICENSED PREM	ISES:	
	CEMENT BLDG. WITH R, TWO ENTRANCES A		AR AND AN UPSTAIRS HALL WITH A
I hereby certify	and swear under penaltic	es of perjury that:	
1. the 1	renewed license will be o	of the same type for the s	same premises now licensed;
2. the l	licensee has complied wi	th all laws of the Commo	onwealth relating to taxes; and
3. the 1	premises are now open for	or business (If not explai	in below)
SIGNED BY:			
	Individual, Partne	er or Authorized Corpor	rate Officer
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	TEEETIO	TIE TIONBER.	(Note: NOT Individual Social Security Number)
			certificate required by Chapter 304 of the
			of the fire department for the above named quired by Chapter 116 of the Acts of 2010.
	_	i money mourance re-	
Please Check Belo APPROVED:	<u>w:</u>		LOCAL LICENSING AUTHORITY
DISAPPROVE	(D.		By:
(If disapproved			
( alsappro rea	r/		
DATE:			
APPLICATION FOR	RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 106400030		CITY OR TOWN	SALEM
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: BELLA VERONA	A, INC.		
DOING BUSI	NESS A			
ADDRESS 10	7 ESSEX ST.			
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE:	01970
MANAGER:	ALVAREZ- TY MANZANA, SHEILA	YPE OF LICENSE: Res	taurant CA'	TEGORY: Wine and Malt Cordials
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	ISES:		
	N THE FIRST FLOOR OF NE ENTRANCE, TWO I		LDG. KITCHEN AN	ND CELLAR FOR
I hereby certify	y and swear under penaltie	es of perjury that:		
1. the	renewed license will be o	f the same type for the	same premises now li	icensed;
2. the	licensee has complied wit	th all laws of the Comm	nonwealth relating to	taxes; and
3. the	premises are now open for	or business (If not expla	in below)	
SIGNED BY:		er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER I	IDENTIFICATION NUMBER:
			(Note: NOT Indiv	vidual Social Security Number)
Acts of 2004,	rsigned, attest that we ar signed by the building in the certificate of liquo	nspector and the head	of the fire departm	ent for the above named
Please Check Belo	ow:		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	a explain)			
DATE:			-	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106400034		CITY OR TOWN SALEM	
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	CILANTRO, INC			
DOING BUSINESS	A			
ADDRESS 282 DER	RBY ST			
CITY/TOWN: SAL	LEM	STATE: MA	ZIP CODE: 01970	
MANAGER: MAR	RIN, ESTHER TYP	E OF LICENSE:Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
	MEZZANINE FOR S		NG ROOM, KITCHEN, WA REAR OF BUILDING OUTS	
I hereby certify and s	swear under penalties	of perjury that:		
			same premises now licensed;	
	=		onwealth relating to taxes; an	d
3. the premi	ses are now open for l	business (If not explai	in below)	
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:				
DATE.	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, signed	d by the building ins	pector and the head	certificate required by Cha of the fire department for t quired by Chapter 116 of tl	pter 304 of the he above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: [	 ain)			
(ii disappioved expir	,			
				<del></del>
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 106400035		CITY OR TOWN SALE	<sup>E</sup> M
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAM	E: ULSTER, INC.			
DOING BUSINE	SS A O'NEILL'S			
ADDRESS 124-2	6 WASHINGTON S	TREET		
CITY/TOWN: S	ALEM	STATE: MA	ZIP CODE: 0197	0
	ROGAN, T ONALD F.	YPE OF LICENSE: Re	staurant CATEGO	DRY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION (	OF LICENSED PREM	MISES:		
	N,HANDICAP REST		AREA WITH 25 TABLES/ ENTRANCE/EXIT, ONE	
I hereby certify an	nd swear under penal	ties of perjury that:		
1. the ren	newed license will be	of the same type for the	same premises now license	d;
2. the lice	ensee has complied w	rith all laws of the Com	nonwealth relating to taxes;	and
3. the pre	emises are now open	for business (If not expl	ain below)	
SIGNED BY:			0.07	
	Individual, Part	ner or Authorized Corpo	orate Officer	
DATE.				
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER:
			(Note: NOT marvidual 5	ociai security (vuinber)
Acts of 2004, sig	ned by the building	inspector and the head	e certificate required by C I of the fire department fo equired by Chapter 116 o	r the above named
	ne certificate of fiqu	or natimity insurance i		
Please Check Below: APPROVED:			LOCAL LICENSING A	UTHORITY
DISAPPROVED:			By:	
(If disapproved ex				
-				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106400037		CITY OR TOWN	SALEM	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	DineMed Restaurant	Group, Inc			
DOING BUSINESS	A 62 on Wharf				
ADDRESS 62 WHA	ARF STREET				
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970	
MANAGER: Bette	encourt, Antonio TYPE	OF LICENSE: Re	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		EMAIL ADDRESS		
	LICENSED PREMISE				
	NTO WHARF ST., RE SE, TWO LAVATORII				
I hereby certify and s	swear under penalties o	f perjury that:			
1. the renew	ved license will be of th	e same type for the	e same premises now	licensed;	
2. the licens	ee has complied with a	ll laws of the Com	monwealth relating t	o taxes; and	
3. the premi	ses are now open for b	usiness (If not exp	lain below)		
SIGNED BY:	Individual, Partner o	r Authorized Corp	oorate Officer		Ĭ
D 1 TT					
DATE:	TELEPHONE	NUMBER:			TON NUMBER: ecurity Number)
			(100c. <u>1101</u> III	iividuai Sociai S	ecurity (vulliber)
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor lia	ector and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	oin)				
(If disapproved explain	aiii <i>j</i>				
					<del></del>
DATE:					



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LICENSE NUME	ER: 106400038		CITY OR TO	WN SALEM	
APPLICATION F	OR RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAM	E: HE QIANG	INC.			
DOING BUSINE	SS A EAST SAF	KURA RESTAURANT			
ADDRESS 400 H	IGHLAND AVE				
CITY/TOWN: S	ALEM	STATE: MA	ZIP CODI	E: 01970	
MANAGER: LI	ANG, LI PEI	TYPE OF LICENSE: Re	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION (					
		IRST FLOOR OF CORNE NG AREA. ONE MAIN EI			G. FULL
EMERGENCY E		VO AREA. ONE MAIN E	IVIICAIVEL AIVI	JEAN TWO	
					-
•	-	enalties of perjury that:		1, 1	
		be of the same type for the	•		
	-	ed with all laws of the Com pen for business (If not exp		ing to taxes; and	
3. the pre	mises are now of	ich for business (if not exp	iam ociow)		
CICNED DV.					
SIGNED BY:	Individual, I	Partner or Authorized Corp	orate Officer		
DATE:	TELE	PHONE NUMBER:	EMPL	OYER IDENTIFICA	ATION NUMBER:
	1222	THOUGH THOMBER.	(Note: <u>NO</u>	T Individual Social	Security Number)
We the undersid	mod attact that	we are in possession (1) th	ao cortificato ro	anirod by Char	tor 304 of the
		ing inspector and the hea			
license and (2) tl	ne certificate of l	iquor liability insurance	required by Ch	apter 116 of the	e Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	ipiain)				
DATE:			-		



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LICENSE NUMBER	: 106400039		CI	HYO	K IO	W IN	SALEM	
APPLICATION FOR	RENEWAL:	Annu	al		LIC	CEN	SED FOR 2	013
		CLAS	SS					YEAR
LICENSEE NAME:	SALEM LODGE #	218 LOYAL (	ORDER O	F MO	OSE I	NC.		
DOING BUSINESS	A							
ADDRESS 50 GROV	E STREET							
CITY/TOWN: SAL	EM	STATE:	MA	ZIP	CODE	Ξ:	01970	
MANAGER: BOLT	ΓAS, PHILIP J. TYP	E OF LICEN	SE:Club			C	ATEGORY:	All Alcohol
EMAIL ADDRESS:								
1	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRE	SS			
DESCRIPTION OF I								
THE MAIN, STREE WILL CONTAIN A FUNCTION HALL.	BAR AREA, CARD	ROOM MEM	IBERS AF	REA, I				DING
I hereby certify and s	wear under penalties	of perjury tha	t:					
1. the renewe	ed license will be of	he same type	for the san	ne pre	mises	now	licensed;	
2. the license	e has complied with	all laws of the	e Common	wealth	n relati	ng to	o taxes; and	
3. the premis	es are now open for	business (If no	ot explain	below	)			
SIGNED BY:	Individual, Partner	or Authorized	l Corporate	e Offic	cer			
DATE:	TELEPHON	E NUMBER:			EMPLO	OYEF	R IDENTIFICA	TION NUMBER:
				(No	te: NO	<u><b>r</b></u> Ind	lividual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	pector and th	ne head of	the fi	re dep	- oartı	ment for the	above named
Please Check Below:			I	LOCA	L LIC	ENS	SING AUTH	ORITY
APPROVED:			I	Ву:				
DISAPPROVED: (If disapproved expla	 in)							
(ii disappioved expla	<i>,</i>							
DATE:								
APPLICATION FOR RENEW	AL MUST BE FILED BY LI	CENSEES DURIN	G THE MONT	TH OF N	OVEMBI	ER (M	I.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	00400040		CITY OR TO	JWN SALEM	
APPLICATION FOR R	ENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: M DOING BUSINESS A ADDRESS 241-43 JEFI	TIN WHISTLE				
CITY/TOWN: SALEM	I	STATE: MA	ZIP COD	E: 01970	
MANAGER: DEORIG	O, CRAIG M.TYPE	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEA  DESCRIPTION OF LIC  TWO ROOMS ON THE  AND KITCHEN FOR K  I hereby certify and sweet	E FIRST FLOOR O EEPING. THREE	S: F A ONE STORY ENTRANCE/EXI	WOOD FRAM	ИЕ BUILDING;СЕ	ELLAR
2. the licensee h	license will be of the as complied with a are now open for be	ll laws of the Com	monwealth rela		
SIGNED BY:	ndividual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		LOYER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed by license and (2) the cert	the building insp	ector and the hea	d of the fire de	epartment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	106400041		CITY OR TO	WN SALEM	
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A DOING BUSINESS A ADDRESS 317 JEFFE	DUBE'S LUNCH				
CITY/TOWN: SALE	M	STATE: MA	ZIP CODE	i: 01970	
MANAGER: PELLE	TIER, MARYTYPE	OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:  PL  DESCRIPTION OF LI  3 ROOMS ON 1ST FL  ENTRANCES/EXITS		S:		ΓORAGE. TWO	
2. the licensee	license will be of the has complied with al s are now open for bu	e same type for the I laws of the Comm	nonwealth relati		
SIGNED BY:	Individual, Partner or	· Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT	
We the undersigned, Acts of 2004, signed b license and (2) the cer	y the building insp	ector and the head	l of the fire dep	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBE	R: 106400042		CITY OF	R TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 1 KERN		JNTRY CLUB INC.				
CITY/TOWN: SAI		STATE: MA	71P (	CODE:	01970	
	NCH, TIMOTHY TYP					All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRES	S		
DESCRIPTION OF	LICENSED PREMIS	SES:				
MAIN DINING RO STORAGE.	OM,LOUNGE,GRILI	LROOM,19TH HOL	D, KITCI	HEN ANI	O ROOMS FO	OR
I hereby certify and	swear under penalties	of perjury that:				
1. the renev	ved license will be of t	the same type for the	same prei	nises nov	v licensed;	
2. the licens	see has complied with	all laws of the Comn	nonwealth	relating	to taxes; and	
3. the prem	ises are now open for	business (If not expla	in below)	)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Offic	er		
DATE:	TELEPHON	E NUMBER:				TION NUMBER:
			(Not	te: <u>NOT</u> In	dividual Social S	Security Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins certificate of liquor l	pector and the head	l of the fir	re depart	ment for the	above named
Please Check Below:			LOCAL	L LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	oin)					
(11 disappioved expi	(4111 <i>)</i>					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED BY LI	CENSEES DURING THE M	ONTH OF NO	OVEMBER (N	M.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400043	•	CITY OR TOWN SALEM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MONKEYBELLI	E,INC.		
DOING BUSINESS A ENGINE HOUS	SE PIZZA		
ADDRESS 71 LAFAYETTE STREET			
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER: DRAGON, PETER TY	PE OF LICENSE: Rest	aurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM			
ONE ROOM 1863 SQ FT ON FIRST F ROOM IN REAR, FRONT ENTRY WA KITCHENPREMISES IS LOCATED	AY AND REAR FIRE E	EXIT DOOR THROUGH	STORAGE
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	f the same type for the s	ame premises now licensed;	
2. the licensee has complied wit	h all laws of the Commo	onwealth relating to taxes; an	d
3. the premises are now open for	r business (If not explai	n below)	
SIGNED BY: Individual, Partne	er or Authorized Corpor	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head	of the fire department for t	he above named
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
		2).	
DISAPPROVED:			
(If disapproved explain)			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400044		CITY OR TOWN SALEM	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	VILLAGE TAVERN A VILLAGE TAVER IM PLACE MALL			
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE: 01970	
MANAGER: ALE ING		OF LICENSE:Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB		IAIL ADDRESS	
	LICENSED PREMISE			
	DING WHICH CONT. THROOMS, TWO EN		, 1 STORAGE ROOM, 2 DININ	NG
	swear under penalties o			
1. the renew	ved license will be of th	e same type for the	same premises now licensed;	
2. the licens	see has complied with a	ll laws of the Comn	nonwealth relating to taxes; and	
3. the premi	ises are now open for b	usiness (If not expla	in below)	
SIGNED BY:	Individual, Partner o	r Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signe	d by the building insp	ector and the head	e certificate required by Chap I of the fire department for the equired by Chapter 116 of the	e above named
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED: [ (If disapproved expl	ain)			
(11 disappioved expi	a111 <i>)</i>			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 106400045		CIT	ΓY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annua	ા	LICEN	ISED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	PALMER'S COV	E YACHT CLU	B INC.			
DOING BUSINESS	A					
ADDRESS 74 LEA'	VITT STREET					
CITY/TOWN: SAI	LEM	STATE:	MA	ZIP CODE:	01970	
	RNEAU, TY HARD	PE OF LICENS	E:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF						
5 ROOMS AND VE REAR ROOMS FOI					G., KITCHEN	N AND
I hereby certify and	swear under penaltie	es of perjury that	:			
1. the renew	ved license will be o	f the same type f	or the sam	ne premises now	v licensed;	
2. the licens	see has complied wit	th all laws of the	Commony	wealth relating	to taxes; and	
3. the premi	ises are now open for	or business (If no	t explain b	pelow)		
SIGNED BY:	Ladiaidaal Daga	A (1	C	Ofc.		
	Individual, Partne	er or Authorized	Corporate	Officer		
DATE:				EMDLOVE	R IDENTIFICAT	TON NUMBER.
DATE.	TELEPHO	NE NUMBER:			dividual Social So	
						•
We the undersigne Acts of 2004, signe						
license and (2) the						
Please Check Below:			L	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			В	sy:		
DISAPPROVED:						
(If disapproved expl	aın)		<del>-</del>			
			_			
DATE:			_			
			_			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400046		CITY OR TOWN SAI	LEM
APPLICATION FOR RENEWAL	: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: FANTASY DOING BUSINESS A FANTASY ADDRESS 516 LORING AV.			
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 019	970
MANAGER: LAM, DEBORAH	TYPE OF LICENSE: Res	staurant CATEO	GORY: All Alcohol
	IT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED F THREE ROOMS ON THE FIRST BASEMENT; KITCHEN AND ON ENTRANCES AND EXITS, TWO	FLOOR OF A ONE STOR NE ROOM IN THE BASEM		
2. the licensee has compli	enalties of perjury that:  I be of the same type for the ed with all laws of the Compen for business (If not explant)	nonwealth relating to taxe	
SIGNED BY: Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELE	EPHONE NUMBER:		NTIFICATION NUMBER:
We the undersigned, attest that Acts of 2004, signed by the build license and (2) the certificate of	ling inspector and the head	l of the fire department	for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 106400047		CITY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR	
DOING BUSINESS	GREAT NEW WO A FRESH TASTE F SHINGTON STREE	ORLD INC. RESTAURANT		ILAK	
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970	
MANAGER: XIA FRE	NG FA XU, TYF NDY	PE OF LICENSE: Res	staurant C.	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI		MAIL ADDRESS		
	LICENSED PREMIS		IDGE ELOOD FOL	ID DOOMG ON THE	
	E BASEMENT, ONE OF A TWO STORY E			JR ROOMS ON THE	
2. the licens	wed license will be of see has complied with ises are now open for Individual, Partner	all laws of the Comr	nonwealth relating to		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:	
Acts of 2004, signe	d by the building ins	spector and the head	l of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.	
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explains)	ain)		LOCAL LICENS By:	SING AUTHORITY	
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 106400048		CITY OR TOV	VIN SALEM	
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	RED LULU, S	ALEM LLC			
DOING BUSINESS	A RED LULU	COCINA & TEQUILA	BAR		
ADDRESS 94 LAFA	YETTE STREE	e <b>T</b>			
CITY/TOWN: SAL	EM	STATE: MA	ZIP CODE	: 01970	
MANAGER: MAL MAR	,	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
· · · · · · · · · · · · · · · · · · ·	•	AREA, REST OFFICE NCES/EXITS, ONE E	•	* * * * * * * * * * * * * * * * * * *	
SIGNED BY:		for business (If not exp			
	11101 ( 100011, 1 01	care or remaining a con-	501 <b>410</b> 0111 <b>00</b> 1		
DATE:	TELEPH	IONE NUMBER:		OYER IDENTIFICA  Individual Social in the state of the s	
Acts of 2004, signed	by the building	are in possession (1) t g inspector and the hea uor liability insurance	ad of the fire dep	artment for the	e above named
Please Check Below:			LOCAL LICI	ENSING AUTH	IORITY
APPROVED:	_		By:		
DISAPPROVED: [ (If disapproved explain	in)				
(ii disupproved expla	,				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 106400049	(	CITY OR TOWN SALEM	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: STONEHENGE	ΓAVERN,INC.		
DOING BUSIN	ESS A FINZ			
ADDRESS PCK	KRNG. WHARF BLDG.	K		
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE: 01970	
	GILLIS, DAVID TY JAMES	PE OF LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	ISES:		
KITCHEN FOR			G. 800 SQ OF DECK SPAC FLOOR FOR STORAGE. T	
I hereby certify	and swear under penaltie	es of perjury that:		
1. the re	enewed license will be o	f the same type for the s	ame premises now licensed;	
2. the li	censee has complied wit	th all laws of the Comm	onwealth relating to taxes; ar	nd
3. the p	remises are now open for	or business (If not explain	n below)	
SIGNED BY:				
	Individual, Partne	er or Authorized Corpor	rate Officer	
DATE:	TELEBIIO	NE MUMBER	EMPLOYER IDENTIFIC	CATION NUMBER
211121	TELEPHO	NE NUMBER:	(Note: NOT Individual Soci	
Acts of 2004, s	igned by the building in	nspector and the head	certificate required by Cha of the fire department for t quired by Chapter 116 of t	he above named
Please Check Below	<u>-</u> v:	•	LOCAL LICENSING AUT	THORITY
APPROVED:			By:	1101411
DISAPPROVE			•	
(If disapproved	explain)			
DATE:				
יייייי.				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10640	00051	CITY OR TOWN	SALEM
APPLICATION FOR RENE	EWAL: Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: DECIDOING BUSINESS A VICADDRESS 96 WHARF STI		OMPANY LLC	
CITY/TOWN: SALEM	STATE: N	IA ZIP CODE:	01970
MANAGER: SCHAFER,	PAUL TYPE OF LICENSE	:Restaurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:	LSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
	SED PREMISES: VITH THREE DINING ROOI MERGENCY EXITS, OUTSI		
<ol> <li>the renewed licer</li> <li>the licensee has c</li> </ol>	nder penalties of perjury that: use will be of the same type for complied with all laws of the Conow open for business (If not ex-	ommonwealth relating to	
SIGNED BY:	idual, Partner or Authorized C	orporate Officer	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004, signed by the	t that we are in possession (1 e building inspector and the l ate of liquor liability insuran	head of the fire departm	ent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400052		CITY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	: LAKAY RESTAUR S A	ANT, INC.			
ADDRESS 2 EAST	INDIA SQ.				
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970	
	SAGE, SARAH TYPE ARLAND	E OF LICENSE:Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:				
4 DINING ROOMS  I hereby certify and  1. the renew  2. the licens	LICENSED PREMISE 4, 1 KITCHEN, 2 ENTE 5 swear under penalties of 6 ved license will be of the 6 see has complied with a 6 ises are now open for b  Individual, Partner of	RENCE/EXITS, AN of perjury that: the same type for the all laws of the Commusiness (If not explain	same premises now nonwealth relating to iin below)	licensed;	
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
Acts of 2004, signe	ed, attest that we are in ed by the building insp certificate of liquor li	ector and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 106400054		CITY OR TOWN SALEM	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI	AME: BRISAS DEL NESS A 11 LAFAYETTE STRI			
CITY/TOWN:	: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER:	HERNANDEZ, ROSA	TYPE OF LICENSE: Rest		Wine and Malt Regular
EMAIL ADDI	RESS:			
		OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
FRONT ENTI STORAGE.	RANCE IN ONE ROO	M WITH KITCHEN,REA	R EXIT, AND BASEMENT F	OR
I hereby certify	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	be of the same type for the s	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comm	onwealth relating to taxes; and	
3. the	premises are now open	n for business (If not explain	in below)	
-				
SIGNED BY:		artner or Authorized Corpor	rate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the building	ng inspector and the head	certificate required by Chap of the fire department for the equired by Chapter 116 of the	e above named
Please Check Bel			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE MC	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400056		CITY OR TOWN	SALEM
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
			ZIP CODE:	YEAR 01970
	GER III, JAMES TYP			ATEGORY: All Alcohol
EMAIL ADDRESS:				
DEGCDIDATON OF	PLEASE ALSO VISIT OUR WE		AIL ADDRESS	
ON THE FIRST FLO	LICENSED PREMIS OOR, TWO ROOMS, ROOM FOR STORAC	TWO BARS AND A		
	see has complied with sees are now open for be		in below)	o taxes; and
DATE:	TELEPHONI	E NUMBER:		t IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building ins	pector and the head	of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 106400057		CITY	OR TOWN	SALEM	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	H & C SERVICE COR	P.				
DOING BUSINESS A	A THE HAWTHORNE	HOTEL				
ADDRESS 18 WASH	HINGTON SQ. WEST					
CITY/TOWN: SALI	EM	STATE: MA	ZII	P CODE:	01970	
MANAGER: LEDE	ERHAUS, JULI TYPE O	OF LICENSE: In	nholder	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDI	RESS		
DESCRIPTION OF L	LICENSED PREMISES	:				
EXITS. PICKERING	AND ALL ROOMS AT G ROOM AND LOWER D LOBBY- LOBBY LEV	DECK BASEM	IENT LE	EVEL. BAL	LROOM,	
LOBBY- SECOND L			,	-,	- ,, ~	,
I hereby certify and sv	wear under penalties of J	perjury that:				
	ed license will be of the	* *	-			
	e has complied with all			_	to taxes; and	
3. the premise	es are now open for bus	iness (If not exp.	lain belo	w)		
SIGNED DV.						
SIGNED BY:	Individual, Partner or A	Authorized Corp	orate Of	ficer		
DATE:	TELEPHONE N	UMBER:				ΓΙΟΝ NUMBER:
			(1	Note: NOT Inc	dividual Social S	Security Number)
Acts of 2004, signed	, attest that we are in p	tor and the hea	d of the	fire depart	ment for the	above named
license and (2) the co	ertificate of liquor liab	ility insurance	required	l by Chapte	er 116 of the	Acts of 2010.
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain	 in)					
(11 disapproved explain	···· <i>,</i>					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 106400058	C	CITY OR TOWN SALEM	
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: COLUMBUS	SOCIETY OF SALEM INC		
DOING BUSI	NESS A			
ADDRESS 94	WASHINGTON SQ.	EAST		
CITY/TOWN	: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER:	URBANOWICZ, RICHARD W	TYPE OF LICENSE:Club	CATEGORY	Y: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMAI	IL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
HALL ON TH		REE ROOMS ON THE SE	BASEMENT. TWO ROOM COND FLOOR. THREE ST	
I hereby certif	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the sa	me premises now licensed;	
2. the	licensee has complied	with all laws of the Commo	nwealth relating to taxes; and	d
3. the	premises are now open	n for business (If not explain	below)	
SIGNED BY		rtner or Authorized Corpora	te Officer	
	marviauai, i a	ruici of Muniorized Corpora	ic Officer	
DATE:	TEI EDI	HONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
	TELET	HONE NUMBER.	(Note: NOT Individual Socia	
We the unde	rsigned, attest that w	e are in possession (1) the c	ertificate required by Cha	pter 304 of the
Acts of 2004,	, signed by the buildin	g inspector and the head o	of the fire department for the uired by Chapter 116 of the	he above named
Please Check Bel	low:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROV	<del></del>		•	
(If disapprove	d explain)		-	
DATE:				
-				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	1: 106400060		CITY OR TOWN	SALEM	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 268 WAS	SHINGTON ST.				
CITY/TOWN: SAL	EM	STATE: MA	ZIP CODE:	01970	
MANAGER: SHEA	A, PHILIP R. TYP	PE OF LICENSE: Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	SES:			
1ST. FLOOR OF A 3 FOR STORAGE PUI AND MICROWAVE	RPOSES, COOKING				
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of t	the same type for the	same premises now	licensed;	
2. the license	ee has complied with	all laws of the Com	nonwealth relating	to taxes; and	
3. the premis	ses are now open for	business (If not expl	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:					
DATE:	TELEPHON	E NUMBER:			CION NUMBER: ecurity Number)
			(1000. <u>140 1</u> III	uividuai 50ciai 5	ecurity (valider)
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	pector and the head	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	•••				
(If disapproved expla	un)				
DATE:			-		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 106400062		CITY OR TO	WN SALEM	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	BOSTON ST	REET LIQUORS, INC.			
DOING BUSINESS	A ARGE'S LIC	QUORS			
ADDRESS 18 BOST	ON ST				
CITY/TOWN: SAL	EM	STATE: MA	A ZIP COD	E: 01970	
MANAGER: GHA	LY, MAGDY	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PR	EMISES:			
		OR OF A ONE STORY CE/EXIT, EMERGENO		AR ROOM AND	CELLAR
2. the license	ee has complied	be of the same type for the with all laws of the Conn for business (If not ex	mmonwealth rela		
SIGNED BY:	Individual, Pa	artner or Authorized Co.	rporate Officer		
DATE:	TELEP	HONE NUMBER:		OYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED:			LOCAL LIG By:	CENSING AUTH	IORITY
DISAPPROVED: (If disapproved expla	in)				
DATE:					



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	106400064		CITY OR TOWN	SALEM	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:		ROVE, INC.			
DOING BUSINESS A	<b>A</b>				
ADDRESS 26 BRIDO	3E ST				
CITY/TOWN: SALE	EM	STATE: M	A ZIP CODE:	01970	
MANAGER: BREN	NAN, DAVID TYP	'E OF LICENSE:	Package Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
			RY BLDG. ONE ROOM EXITS WITH TWO EM		
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewe	d license will be of t	the same type for	the same premises now	licensed;	
2. the licensee	e has complied with	all laws of the Co	ommonwealth relating to	o taxes; and	
3. the premise	es are now open for	business (If not ex	xplain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Co	orporate Officer		
DATE:			EMPLOYE		NON MINADED
DATE.	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(****** <u>******</u> me	arriadar Boeiar B	ecurity (vaintoer)
Di Ci i Di					
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explai	 n)		-		
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	L: 106400065		CITY OR TO	VN SALEM	
APPLICATION FOR	R RENEWAL	: Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A NEW MA	RKET			
ADDRESS 109 BRII					
CITY/TOWN: SAL	EM	STATE: MA	ZIP CODE	: 01970	
MANAGER: LE, F	HUONG N.	TYPE OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		T OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF			INING CELL	A D. FOR WEEDI	
ENTRANCES & EX		LOOR OF A TWO STORY	' BLDG., CELL	AR FOR KEEPII	NG. FIVE
3. the premis	•	pen for business (If not exp			
DATE:	TELE	EPHONE NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expla	uin)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 106400066		CITY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual	LICENS	ED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 72 LOR	A Tedeschi Fo				
CITY/TOWN: SAI		STATE: MA	ZIP CODE:	01970	
MANAGER: CHO	OWDHURY, VEZ K.	TYPE OF LICENSE: Pa		TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		1
DESCRIPTION OF					
ONE ROOM APPRO	OX 3,000 SQ/F	Γ. STORATE AREA ON	E EXIT & OEN EME	R.	
3. the premi		n for business (If not exponent			
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explanation)	ain)		LOCAL LICENSI By:	NG AUTHO	ORITY
DATE:	MUCT DE EN EEN EN	D BY LICENSEES DURING THE N	MONTU OF NOVEMBER (M.	C1 CL 120¢ 14	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 106400067		CITY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	ANCAR ACQU	ISITION CORP			
DOING BUSINESS	A SALEM LIQU	ORS			
ADDRESS 125 CAN	NAL STREET				
CITY/TOWN: SAI	LEM	STATE: M	A ZIP CODE:	01970	
	NEVALE, T HONY P. JR	YPE OF LICENSE:	Package Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		ı
DESCRIPTION OF	LICENSED PREM	MISES:			
2430 SQ. FT. CONS AND WINE COOLI			ROOM DISPLAY/SAI AREA.	LES AREA, E	BEER
	=	For business (If not ex	ommonwealth relating to	o taxes; and	
	Individual, Partı	ner or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind	R IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400068		CITY OR TOWN	SALEM	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: SHREE LAXMI DOING BUSINESS A CONGRESS ST				
ADDRESS 95 CONGRESS STREET				
CITY/TOWN: SALEM	STATE: MA	ZIP CODE:	01970	
MANAGER: PATEL, KEYUR B. TY	YPE OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREM	ISES:			
ONE ROOM, ONE STORY BUILDING	G WITH STORAGE; C	ONE ENTRANCE/E	XIT.	
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be o	f the same type for the	same premises now	licensed;	
2. the licensee has complied with	th all laws of the Comn	nonwealth relating to	taxes; and	
3. the premises are now open for	or business (If not expla	in below)		
SIGNED BY: Individual, Partne	er or Authorized Corpo	rate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER	IDENTIFICAT	TON NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disappioved explain)				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 106400069		CITY OR TOWN	SALEM	
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	READING FI	NE WINES LLC			
DOING BUSINESS A	A THE BUNG	HOLE			
ADDRESS 204 DER	BY ST				
CITY/TOWN: SALI	EM	STATE: M	ZIP CODE:	01970	
MANAGER: CARF	, ROBERT	TYPE OF LICENSE:	Package Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PR	EMISES:			
ONE ROOM ON THE ENTRANCE/EXIT.	E FIRST FLOO	OR OF A ONE STORY	Y BLDG., CELLAR FO	OR KEEPING	S. ONE
I hereby certify and sv	wear under pen	alties of perjury that:			
1. the renewe	d license will l	be of the same type for	the same premises now	v licensed;	
2. the license	e has complied	l with all laws of the Co	ommonwealth relating	to taxes; and	
3. the premise	es are now ope	n for business (If not e	explain below)		
SIGNED BY:					
SIGNED D1.	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEEET	north rember.	(Note: NOT In	dividual Social S	ecurity Number)
Di Ci i Di					
Please Check Below: APPROVED:			LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain	 in)				
( disapproved empire	/				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106400070		CITY OR TOV	VN SALEM	
APPLICATION FOI	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
DOING BUSINESS					
ADDRESS 20 ESSE		TE. MA	ZID CODE	01070	
CITY/TOWN: SAL			ZIP CODE		
MANAGER: MAI	DEN,PRADEEP TYPE OF LI	CENSE: Pacl	kage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	AIL ADDRESS		
	LICENSED PREMISES: THE FIRST FLOOR OF A TV 'S.	VO STORY	BLDG., CELLA	AR FOR KEEPI	NG. FIVE
2. the licens	red license will be of the same ee has complied with all laws ses are now open for business	of the Comm	onwealth relati		
	Individual, Partner or Author	orized Corpor	rate Officer		
DATE:	TELEPHONE NUME	BER:		OYER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICI	ENSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 106400072		CITY OR TOWN SALE	VI
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FO	R 2013
		CLASS		YEAR
	AME: CESAR GU NESS A LOS AMIO	ERRERO GOS SUPERMARKET		
ADDRESS 12	2 LA FAYETTE ST	REET		
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE: 01970	)
MANAGER:	GUERRERO, CESAR	TYPE OF LICENSE:P	ackage Store CATEGOI	RY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
1 ROOM WIT	H A STORAGE RO	OOM, 1 ENTRANCE/ EX	IT, BASEMEN T FOR STORA	AGE.
	premises are now op	ed with all laws of the Corpen for business (If not expended to the corpen for business (If not expended to the corpen for Authorized for Authorized Corpen for Authorized Corpen for Authorized for Authorized Corpen for Authorized for Authorized Corpen for Authorized for Authorize		and
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400073		CITY OR TOWN	SALEM	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: HIGHLANDI	ER PLAZA LIQUORS, IN	IC.		
DOING BUSINESS A MARKET V	VINE & SPIRITS			
ADDRESS 21 TRADERS WAY				
CITY/TOWN: SALEM	STATE: MA	ZIP CODE:	01970	
MANAGER: BUSA, WILLIAM A	A.TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION OF LICENSED PR	EMISES:			
ONE ROOM A COOLER AREA, A ENTRANCE/EXITS.	RESTROOM, BASEME	NT FOR STOR AG	E. TWO	
I hereby certify and swear under pen	alties of perjury that:			
1. the renewed license will l	be of the same type for the	same premises now	licensed;	
2. the licensee has complied	with all laws of the Comi	monwealth relating to	taxes; and	
3. the premises are now ope	n for business (If not expl	ain below)		
SIGNED BY:				
Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE: TELEP	HONE NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106400074		CITY	OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 103 SCH	A YOUR NEIGHE		RKET			
CITY/TOWN: SAI	LEM	STATE:	MA ZI	IP CODE:	01970	
MANAGER: NGU H.	JYEN, LUONG TY	PE OF LICENS	SE:Package S	tore C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V		YOUR EMAIL ADD	DRESS		_
DESCRIPTION OF						
FREE STANDING	BUILDING, APPRO	OX 4000 SQ FT	. ONE ENTR	RANCE AND	EXIT	
3. the premi	ses are now open for			· 		
DATE:	TELEPHO	NE NUMBER:	(		R IDENTIFICAT dividual Social S	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOC By:	CAL LICENS	SING AUTHO	ORITY
DATE: APPLICATION FOR RENE	WAL MUST BE FILED BY	LICENSEES DURING	G THE MONTH OI	F NOVEMBER (M	1.G.L. Ch. 138 \$ 16	5A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106400075		CITY OR TOWN	SALEM		
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:	SHREE OM, INC.					
DOING BUSINESS	A FRIENDLY MIN	I MART				
ADDRESS 235 LAF	FAYETTE ST					
CITY/TOWN: SAL	EM	STATE: MA	ZIP CODE:	01970		
MANAGER: SWA	ADIA, HIRAL D.TYP	E OF LICENSE:Pac	ckage Store Ca	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS			
	LICENSED PREMIS					
	THE FIRST FLOOR ( NTRANCES AND O		BLDG., STORAGE	E ROOM FO	R	
	ee has complied with ses are now open for		=	o taxes; and		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer			
DATE:	TELEPHON:	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED:			LOCAL LICENS By:	SING AUTHO	ORITY	
DISAPPROVED:			By.			
(If disapproved expla	ain)					
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	06400076		CI	TY OR TOWN	SALEM	
APPLICATION FOR F	RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	KVR, INC.					
DOING BUSINESS A	LORING LIQUO	ORS				
ADDRESS 00070A LC	ORING AVE					
CITY/TOWN: SALE	M	STATE:	MA	ZIP CODE:	01970	
MANAGER: OFIESI	H, KIRK TY	PE OF LICENS	E:Packag	e Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR V	VEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF LI	CENSED PREMI	ISES:				
THREE ROOMS ON F KEPPING. TWO ENT			BLDG. S	TORAGE & A	TTIC AREA	FOR
I hereby certify and swe	ear under penaltie	es of perjury that				
1. the renewed	license will be of	f the same type f	or the san	ne premises nov	w licensed;	
2. the licensee	has complied wit	h all laws of the	Common	wealth relating	to taxes; and	
3. the premises	are now open fo	r business (If not	t explain l	pelow)		
SIGNED BY:						
]	Individual, Partne	er or Authorized	Corporate	Officer		
DATE:	TELEPHO	NE NUMBER:				ΓΙΟΝ NUMBER:
				(Note: NOT Ir	idividual Social S	Security Number)
Please Check Below:			I	OCAL LICEN	SING AUTHO	ORITY
APPROVED:			Е	By:		
DISAPPROVED:						
(If disapproved explain	)		=			
			-			
DATE:			=			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	.06400077		CH	YORTO	WIN	ALEM	
APPLICATION FOR F	RENEWAL:	Annua	1	LIC	CENSE	ED FOR 20	013
		CLAS	S				YEAR
LICENSEE NAME: S	STEVES QUAL	ITY MARKET,II	NC.				
DOING BUSINESS A							
ADDRESS 36 MARGI	N ST.						
CITY/TOWN: SALE	M	STATE:	MA	ZIP CODE	Ξ:	01970	
MANAGER: INGEM	II, PETER T	YPE OF LICENS	E:Package	Store	CAT	EGORY:	Wine and Malt Regular
EMAIL ADDRESS:							
PLI	EASE ALSO VISIT OUR	R WEBSITE AND ENTER Y	OUR EMAIL A	DDRESS			_
DESCRIPTION OF LI	CENSED PREM	MISES:					
ONE ROOM ON THE FLOOR AND CELLAR					OOMS	ON THE	SECOND
I hereby certify and swe				•			
	_	of the same type f		e premises	now lie	ensed:	
		ith all laws of the		_			
	=	for business (If no			ing to t	axes, and	
3. the premises	are now open i	or business (if no	схріані о	Jiow)			
GIGNED DW							
SIGNED BY:	Individual, Partr	ner or Authorized	Corporate	Officer			
	,		·				
DATE:	TEI EDU(	ONE NUMBER:		EMPL	OYER II	DENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFIC	JNE NOMBER.					Security Number)
Please Check Below:				OCAL LIC	ENSIN	IG AUTH	ORITY
APPROVED: DISAPPROVED:	]		В	y:			
(If disapproved explain	)		_				
· · · · · · · · · · · · · · · · · · ·	,		_				
DATE:							



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 106400078	•	CITY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	HIRA CORP.				
DOING BUSINESS	A LAFAYETTE MAI	RKET			
ADDRESS 00183A	LAFAYETTE ST				
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970	
	ODARIYA, TYPE HUL JASHUANT	OF LICENSE: Pack	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	S:			
ONE STORY BLDO STORAGE.	G WITH ONE ENTRA	NCE/EXIT. ONE EN	MERGENCY EXIT	T. BASEMEN	T FOR
	see has complied with a ises are now open for bu	usiness (If not explai	in below)	taxes; and	
	marviduai, Faruiei O	Addionzed Corpor	ate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	. IDENTIFICAT	ION NUMBER:
			(Note: <u>NOT</u> Ind	ividual Social Se	ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHO	DRITY
(If disapproved expl	ain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400080		CITY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	QUALITY LIQUOR	S, INC.			
DOING BUSINESS	S A				
ADDRESS 5 GEDN	NEY ST.				
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970	
MANAGER: ING C.	EMI, STEPHEN TYPE	OF LICENSE: Pac	ekage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	ES:			
	ATED IN A ONE STO ONT AND AN EXIT A				SED FOR
I hereby certify and	swear under penalties o	f perjury that:			
1. the renev	ved license will be of th	e same type for the	same premises now	licensed;	
2. the licens	see has complied with a	ll laws of the Comr	nonwealth relating t	o taxes; and	
3. the prem	ises are now open for b	usiness (If not expla	ain below)		
SIGNED BY:	Individual Dantana	A 1	onete Officer		
	Individual, Partner o	r Authorized Corpc	orate Officer		
DATE:					WON AND ODER
DATE.	TELEPHONE	NUMBER:			TON NUMBER: ecurity Number)
			(****** <u>=</u> mc	n vidual Boeiar B	ecurity rumber,
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	oin)				
(11 disappioved expi	am <i>j</i>				_
DATE:					
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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 106400084		CITY OR TO	WN SALEM	
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	THE WATERFR	ONT ASSET CO,INC	•		
DOING BUSINESS	A CAPT'S WATE	ERFRONT GRILL & C	CLUB		
ADDRESS 94 WHA	ARF STREET				
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE	E: 01970	
	RANDTSEN, T K HANS	YPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
CONSISTING OF T	TWO FLOORS AN	D SEVEN EXITS.			
I hereby certify and	swear under penalti	es of perjury that:			
1. the renew	ved license will be o	of the same type for the	same premises	now licensed;	
2. the licens	see has complied wi	th all laws of the Com	monwealth relati	ing to taxes; and	
3. the premi	ises are now open for	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLO	OYER IDENTIFICA	TION NUMBER:
			(Note: NO	Individual Social S	Security Number)
We the undersione	d attact that we a	re in possession (1) th	o contificate mad	aninad by Chant	tom 204 of the
		inspector and the head			
license and (2) the	certificate of liquo	or liability insurance r	equired by Cha	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10640008	5	CITY OR TOWN	SALEM
APPLICATION FOR RENEWA	L: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ELIE ZEA	AITER		
DOING BUSINESS A KWIK S	HOP MARKET & DELI		
ADDRESS 10 JEFFERSON AV	E.		
CITY/TOWN: SALEM	STATE: MA	ZIP CODE:	01970
MANAGER: ZEAITER, ELIE	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
PRODUCE & GROCERY STOP DELIVERY ENTRANCE.	RE OCCUPYING THE FIR:	ST FLOOR, ONE EN	TRANCE/EXIT, ONE
3. the premises are now SIGNED BY:	lied with all laws of the Con open for business (If not exp	olain below)	o ano, and
DATE: TEL	EPHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 106400086		CITY OR TOWN	SALEM
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: ALEXANDR	A BEVERAGE CORI	Р.	
DOING BUSINES	S A SALEM LIC	QUORS		
ADDRESS 128 NO	ORTH ST			
CITY/TOWN: SA	LEM	STATE: N	MA ZIP CODE:	01970
	RNEVALE, THONY	TYPE OF LICENSE	E:Package Store C.	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PR	EMISES:		
ONE ROOM ON TENTRANCE/ EXIT		OR OF A ONE STOR	Y BLDG., CELLAR FO	R KEEPING, ONE
3. the pren		en for business (If not enter or Authorized C		
	marviduai, Fa	artiler of Authorized C	orporate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]    lain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400094		CITY OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: SLESAR BROS.BR	EWING COMPA	NY, INC		
DOING BUSINESS	S A SALEM BEER WO	ORKS			
ADDRESS 278 DE	RBY ST				
CITY/TOWN: SA	LEM	STATE: MA	ZIP CODE:	01970	
MANAGER: SLE D.	SAR, JOSEPH TYPI		General on Coremise	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISI				
OFFICE AREA ON EXITS. OUTSIDE	I SECOND FLOOR, T' PATIO AREA	WO ENTRANCE	S AND EXITS, TWO	O EMERGEN	CY
<ol> <li>the renev</li> <li>the licens</li> </ol>	swear under penalties of wed license will be of the see has complied with a sises are now open for but Individual, Partner of	ne same type for the all laws of the Corousiness (If not exp	nmonwealth relating plain below)		
DATE:	TELEPHONE	E NUMBER:			TION NUMBER: Security Number)
Acts of 2004, signe	ed, attest that we are i ed by the building insp certificate of liquor li	pector and the he	ad of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	Loin)				
(If disapproved expl	iam)				
					_
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400106		CITY OR TOWN SALEM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: CAFFE GRAZ	IANI, INC		
DOING BUSINESS A CAFFE GRA	ZIANI		
ADDRESS 133 WASHINGTON ST			
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER: GRAVALLESE, PAULA M.	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
1400 SQ FT STREET LEVEL WITH ENTRANCE TO PEDESTRIAN MA		WASHINGTON STREET AN	D REAR
I hereby certify and swear under pena	lties of perjury that:		
1. the renewed license will be	e of the same type for the	same premises now licensed;	
2. the licensee has complied	with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now open	for business (If not expla	in below)	
SIGNED BY: Individual, Par	tner or Authorized Corpo	rate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu	g inspector and the head	of the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400107		CITY OR TOWN	SALEM
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
LICENSEE NAME: DOING BUSINESS ADDRESS 140 WA	A RISTORANTE O	GIOIA		YEAR
CITY/TOWN: SAI	LEM	STATE: MA	ZIP CODE:	01970
MANAGER: SAN VITO		PE OF LICENSE: Res	staurant CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
DEGCDIDATON OF		VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	FT. ONE ROOM W	SES: /ITH A KITCHEN FO ITRANCE/EXIT, ON		
	ises are now open for	h all laws of the Comr r business (If not expla r or Authorized Corpo	nin below)	J taxes, and
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building in	spector and the head	l of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 106400111		CITY OR TOWN SALEM	
APPLICATIO	N FOR RENEWA	L: Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSI	AME: PAMPLEN NESS A 55-89 ESSEX STRE			
CITY/TOWN:	: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER:	MANAHAN, SCOTT	TYPE OF LICENSE:P	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED	PREMISES:		
	premises are now o	ppen for business (If not exp		
DATE:	TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	ИВЕR: 106400117	C	CITY OR TOWN SALEM	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	ME: GULU GULU-CO	RPORATION		
DOING BUSIN	NESS A GULU-GULU CA	AFÉ		
ADDRESS 247	ESSEX STREET			
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE: 01970	
	WALTON, LAURA TYI POTTER	PE OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Cordials
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAI	L ADDRESS	
	OF LICENSED PREMIS			
	X STREET-OPEN FLOC	· · · · · · · · · · · · · · · · · · ·	TO WASHINGTON STREET OF A TWO STORY BUILD:	
I hereby certify	and swear under penalties	of perjury that:		
1. the r	renewed license will be of	the same type for the sa	me premises now licensed;	
2. the l	icensee has complied with	all laws of the Commo	nwealth relating to taxes; and	
3. the p	premises are now open for	business (If not explain	below)	
SIGNED BY:	Individual Partner	or Authorized Corpora	to Officer	
	marviduai, Faruiei	of Authorized Corpora	le Officei	
DATE:	TELEDIJON	E MUMDED.	EMPLOYER IDENTIFICA	TION NUMBER:
	TELEFHON	E NUMBER:	(Note: NOT Individual Social S	
***				204 641
	_	_	ertificate required by Chapt f the fire department for the	
		-	uired by Chapter 116 of the	
Please Check Below	<u>w:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)			<del></del>
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 106400118		CITY OR TOWN	SALEM
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: SCRATCH KIT	CHEN, LLC		
DOING BUSI	NESS A			
ADDRESS 24	5 Derby St			
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE:	01970
MANAGER:	GOGARTY, T WILLIAM G.	YPE OF LICENSE:Re	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREM			
1800 sq ft loca	ted on the 1st floor of so	uth harbor garage on the	ne corner of congress	& derby sts.
I hereby certify	and swear under penalt	ies of perjury that:		
	renewed license will be	* *	-	
2. the	licensee has complied w	ith all laws of the Com	monwealth relating to	o taxes; and
3. the	premises are now open f	or business (If not expl	lain below)	
SIGNED BY:				
	Individual, Parti	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
We the under	signed, attest that we a	are in possession (1) th	ne certificate require	ed by Chapter 304 of the
Acts of 2004,	signed by the building	inspector and the hea	d of the fire departi	ment for the above named
license and (2	the certificate of lique	or liability insurance i	required by Chapte	r 116 of the Acts of 2010.
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	106400119		CITY OR TO	JWN SALEM	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	BUCHHALTER LTD	)			
DOING BUSINESS A	A UPPER CRUST				
ADDRESS 118 WAS	HINGTON STREET				
CITY/TOWN: SALE	EM	STATE: MA	ZIP COD	DE: 01970	
MANAGER: BUCH	,	OF LICENSE: Res	taurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES	S:			
FIRST FLOOR WITH	I TWO ENTRANCES	EXITS AMD ON	E REAR ENT	TRANCE/EXIT	
I hereby certify and sv	vear under penalties of	perjury that:			
1. the renewe	d license will be of the	same type for the	same premise	s now licensed;	
2. the license	e has complied with al	l laws of the Comn	nonwealth rela	ating to taxes; and	
3. the premise	es are now open for bu	siness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMP	LOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: <u>N</u>	OT Individual Social S	Security Number)
<b>33</b> 7 41 1 1 1 1	44 445 4	• (4) (1	4 · 6 ·	. 11 61 4	204 641
	, attest that we are in by the building inspe				
	ertificate of liquor lia				
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explai	n)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	106400120		CITY	OR TOWN	SALEM	
APPLICATION FOR	RENEWAL:	Annual I		LICEN	LICENSED FOR 2013	
		CLAS	SS			YEAR
LICENSEE NAME:	SALEM WINE IN	MPORTS,LTD				
DOING BUSINESS A	Λ					
ADDRESS 32						
CITY/TOWN: SALE	EM	STATE:	MA ZI	IP CODE:	01970	
MANAGER: OLSO	N, ERIC TY	PE OF LICEN	SE:Package S	tore C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER	YOUR EMAIL ADD	ORESS		L
DESCRIPTION OF L	ICENSED PREM	ISES:				
800 SQ. FT. STOREF CHURCH STREET A					ANCE ONTO	O
2. the licenses	d license will be one has complied with the are now open for the same of the complex are now open for t	h all laws of the	Commonwea	alth relating to		
SIGNED BY:	Individual, Partne	er or Authorized	Corporate O	fficer		
DATE:	TELEPHO:	NE NUMBER:	(			TON NUMBER: ecurity Number)
Please Check Below: APPROVED:				CAL LICENS	ING AUTHO	ORITY
DISAPPROVED: [ (If disapproved explai	n)		By:			
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 106400124	(	CITY OR TOWN SALEM	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: JMRS RESTAU	RANT INC.		
DOING BUSIN	NESS A TAVERN IN T	THE SQUARE		
ADDRESS 163	3-189 WASHINGTON S	STREET		
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE: 01970	
	VALENTIM, T RENATO	YPE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED PREM			
			HEN, BATHROOM, STORAG GTON STREET AS SHOWN	
I hereby certify	and swear under penalt	ies of perjury that:		
1. the r	renewed license will be	of the same type for the s	ame premises now licensed;	
2. the l	icensee has complied w	ith all laws of the Commo	onwealth relating to taxes; and	l
3. the p	premises are now open f	or business (If not explain	n below)	
SIGNED BY:	Individual Dom	ner or Authorized Corpor	ota Offican	
	maividuai, Parti	ier of Authorized Corpor	ate Officer	
DATE:	TELEDIA	ONIE NILIMBED.	EMPLOYER IDENTIFICA	ATION NUMBER:
	IELEFIC	ONE NUMBER:	(Note: NOT Individual Social	
***				. 204 6.7
			certificate required by Chap of the fire department for th	
			quired by Chapter 116 of th	
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)		-	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106400125		CITY OR TOV	VN SALEM	
APPLICATION FOI	R RENEWAL:	Annual CLASS	LIC	CENSED FOR 2	013 YEAR
DOING BUSINESS	NOLO OPUS INC. A OPUS HINGTON STREET				
CITY/TOWN: SAL	.EM	STATE: MA	ZIP CODE	: 01970	
MANAGER: WAI	LKOWIAK, CAITYPE	OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
DESCRIPTION OF 1590 SQ.FT. TOTAL	PLEASE ALSO VISIT OUR WEB: LICENSED PREMISE L SPACE.PRIMISES I ANCE ON WASHING	ES: LOCATED ON FIR	ST FLOOR OF		
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of the dicense will be of the ee has complied with a ses are now open for but Individual, Partner o	e same type for the Il laws of the Commusiness (If not expla	nonwealth relation		
	TELEPHONE d, attest that we are in d by the building insp	n possession (1) the	(Note: <u>NOT</u> e certificate req		Security Number) ter 304 of the
	certificate of liquor lia	ability insurance r	equired by Cha	pter 116 of the	Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

CL	nual LICE	
	iluai Licui	NSED FOR 2013
LICENSEE NAME. COVENILIC	ASS	YEAR
LICENSEE NAME: COVEN LLC		
DOING BUSINESS A COVEN		
ADDRESS 281 ESSEX STREET		
CITY/TOWN: SALEM STATE	E: MA ZIP CODE:	01970
MANAGER: TREZZA, ROBERT TYPE OF LICE	ENSE: Restaurant	CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENT	TER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
1741 SQ FT ON THE FIRST FLOOR AND AN ADI STORAGETHE FIRST FLOOR SPACE WILL BE CAFÉ STYLE SEATINGSMALL HALLWAY IN COMMON WOMEN AND MEN'S ROOM	E DIVIDED FOR AN ARTI	ISAN MARKET AND
I hereby certify and swear under penalties of perjury t	that:	
1. the renewed license will be of the same type	pe for the same premises no	w licensed;
2. the licensee has complied with all laws of	_	to taxes; and
3. the premises are now open for business (If	not explain below)	
SIGNED BY: Individual, Partner or Authoriz	zed Corporate Officer	
individual, I artifel of Addition2	ed Corporate Officer	
DATE: TELEPHONE NUMBER	R. EMPLOYI	ER IDENTIFICATION NUMBER:
DATE: TELEPHONE NUMBER	IX.	ER IDENTIFICATION NUMBER:
DATE: TELEPHONE NUMBER  We the undersigned, attest that we are in possessic Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability ins	(Note: <u>NOT</u> I on (1) the certificate requi I the head of the fire depar	ndividual Social Security Number)  ired by Chapter 304 of the retment for the above named
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and	(Note: <u>NOT</u> Is on (1) the certificate requi I the head of the fire depar surance required by Chapt	ndividual Social Security Number)  ired by Chapter 304 of the retment for the above named
We the undersigned, attest that we are in possessic Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability ins  Please Check Below:  APPROVED:	(Note: <u>NOT</u> Is on (1) the certificate requi I the head of the fire depar surance required by Chapt	ired by Chapter 304 of the the above named ter 116 of the Acts of 2010.
We the undersigned, attest that we are in possessic Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability ins  Please Check Below:  APPROVED:  DISAPPROVED:	(Note: <u>NOT</u> I on (1) the certificate requi I the head of the fire depar surance required by Chapt LOCAL LICEN	ired by Chapter 304 of the the above named ter 116 of the Acts of 2010.
We the undersigned, attest that we are in possessic Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability ins  Please Check Below:  APPROVED:	(Note: <u>NOT</u> I on (1) the certificate requi I the head of the fire depar surance required by Chapt LOCAL LICEN	ired by Chapter 304 of the the above named ter 116 of the Acts of 2010.
We the undersigned, attest that we are in possessic Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability ins  Please Check Below:  APPROVED:  DISAPPROVED:	(Note: <u>NOT</u> I on (1) the certificate requi I the head of the fire depar surance required by Chapt LOCAL LICEN	ired by Chapter 304 of the the above named ter 116 of the Acts of 2010.



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#### ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN SALEM	
Annual	LICENSED FOR	2013
CLASS		YEAR
.C		
Γ		
STATE: MA	ZIP CODE: 01970	
OF LICENSE: Res	taurant CATEGORY	: Wine and Malt Regular
TTE AND ENTER YOUR EM	MAIL ADDRESS	
S:		
PATIO & PARK . ALL ARE HANI	ING AREA 3 ENT/EXITS ON DICAP ACCESSIBLE.TWO N	EW
perjury that:		
same type for the	same premises now licensed;	
	_	l
siness (If not expla	in below)	
Authorized Corpo	rate Officer	
NUMBER:	EMPLOYER IDENTIFICA	
	(110te. 1101 marviduai Sociai	Security (Valider)
ctor and the head	of the fire department for th	e above named
	LOCAL LICENSING AUTI	HORITY
	By:	
	CLASS  CC  STATE: MA  OF LICENSE: Res  THE AND ENTER YOUR ENTER  S: R OF DERBY & WE PATIO & PARK  ALL ARE HANI  NG WALK IN REI  To perjury that: To same type for the I laws of the Communication of t	CLASS  CC  STATE: MA ZIP CODE: 01970  OF LICENSE:Restaurant CATEGORY  THE AND ENTER YOUR EMAIL ADDRESS S:  R OF DERBY & WHARF STS. WITH BAR & R PATIO & PARKING AREA 3 ENT/EXITS ON ALL ARE HANDICAP ACCESSIBLE.TWO N NG WALK IN REFRIGERATOR AND FREEZE Perjury that:  Present type for the same premises now licensed; I laws of the Commonwealth relating to taxes; and siness (If not explain below)  Authorized Corporate Officer  NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social possession (1) the certificate required by Chapter of the billity insurance required by Chapter 116 of the LOCAL LICENSING AUTHORS (NOTE) (N



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 106400128	(	CITY OR TOWN SALEM	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NA	AME: HOWLING WC	LF TAQUERIA		
DOING BUSIN	NESS A HOWLING W	OLF TAQUERIA		
ADDRESS 76	LAFAYETTE STREET	T#102		
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER:	SCHULTZ,PATRIC T	YPE OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	_
DESCRIPTION	N OF LICENSED PREM	MISES:		
AREA WITH A DERBY ST. A	A KITCHEN AND A SI ND A SIDE ENT TO S	MALL BEER AND WINI	PACE AS A RESTAURANT/E E BAR. THE MAIN ENT/EXI ROVED HANDICAP ENT/EX RESTROOMS.	T IS ON
I hereby certify	and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the sa	ame premises now licensed;	
	•		nwealth relating to taxes; and	
3. the	premises are now open f	for business (If not explain	ı below)	
SIGNED BY:	Individual, Parti	ner or Authorized Corpora	ate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Acts of 2004,	signed by the building	inspector and the head o	certificate required by Chapt of the fire department for the quired by Chapter 116 of the	above named
Please Check Belo			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 uisappioveo	і ехріані)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 106400129	•	CITY OR TOWN SALEM	
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	E: POLONIA RESTA			
	SS A CAFÉ POLONIA			
ADDRESS 118 W	ASHINGTON STREE	ET UNIT C		
CITY/TOWN: SA	ALEM	STATE: MA	ZIP CODE: 01970	
	ARCIKOWSKI,JO TY NNA	PE OF LICENSE: Rest	aurant CATEGORY	Y: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION O	F LICENSED PREMI	SES:		
	XITS, MAIN ENTRA		SED AS RESTAURANT ON NCY ENT/EXIT, REAR EXI	
I hereby certify and	d swear under penaltie	s of perjury that:		
1. the rene	ewed license will be of	the same type for the s	ame premises now licensed;	
2. the lice	nsee has complied with	all laws of the Commo	onwealth relating to taxes; and	d
3. the prei	mises are now open for	business (If not explai	n below)	
SIGNED BY:	T 11 1 1 D 4	A 41 1 1 1 G	. Off	
	Individual, Partne	r or Authorized Corpor	ate Officer	
DATE				
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
			(Note: NOT murvidual Socia	ii Security Number)
Acts of 2004, sign	ned by the building in	spector and the head	certificate required by Cha of the fire department for tl quired by Chapter 116 of th	he above named
Please Check Below:	_	•	LOCAL LICENSING AUT	HORITY
APPROVED:			By:	HOM11
DISAPPROVED:			•	
(If disapproved ex	plain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106400130		CITY	OR TOWN	SALEM	
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	C.A.S. RESTAURAN	T GROUP IN	C.			
DOING BUSINESS	A GREAT ESCAPE					
ADDRESS 50 ST. P	ETER STREET					
CITY/TOWN: SAL	LEM	STATE: M	A ZII	P CODE:	01970	
MANAGER: SAN	TOS, CLEBER TYPE	OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	JR EMAIL ADDR	RESS		-
DESCRIPTION OF	LICENSED PREMISES	5:				
	NSISTING OF APPROX					
	RANCE ON THE WEST ORTH WALL WITHIN I					
	N OUTDOOR PATIO		W TIIKOO	OII WALL	TROCTORE	7.01
I hereby certify and s	swear under penalties of	perjury that:				
1. the renew	ed license will be of the	same type for	the same pr	remises now	licensed;	
2. the licens	ee has complied with all	laws of the Co	ommonweal	th relating t	to taxes; and	
3. the premi	ses are now open for bus	siness (If not e	xplain belov	w)		
SIGNED BY:			0.00	~		
	Individual, Partner or	Authorized Co	orporate Off	ncer		
DATE:	TELEPHONE N	JIIMRER:	'	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TEELITIONET	VOIVIDEIX.	(1)	Note: NOT Inc	dividual Social S	ecurity Number)
We the undersione	d, attest that we are in	nossession (1)	the certifi	cate requir	ed by Chante	er 304 of the
e e e e e e e e e e e e e e e e e e e	d by the building inspe	• , ,		-		
license and (2) the	certificate of liquor lial	bility insuranc	e required	by Chapte	er 116 of the	Acts of 2010.
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	ain)					
DATE:						
D111D.						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10640013	6	CITY OR TOWN SALEM	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: FSPC COL	RPORATION		
DOING BUSINESS A FLYING	SAUCE PIZZA COMPANY		
ADDRESS 118B WASHINGTO	ON STEET		
CITY/TOWN: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER: FELDMAN, STEVEN	TYPE OF LICENSE: Rest	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
EGRESS AT THE FRONT AND A HALLWAY WHERE THE BA EXIT IN ONE DIRECTION AN CONSISTS OF 800 SQ.FT. AND ROOM AS AN OFFICE	ATHROOMS LOCATED. THI D AN ADJACENT PREMISE	E HALLWAY LEADS TO A B IN THE OTHER. THE BASE	BUILSING MENT
I hereby certify and swear under	penalties of perjury that:		
	vill be of the same type for the s	same premises now licensed;	
2. the licensee has comp	lied with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now	open for business (If not explain	in below)	
SIGNED BY: Individual	l, Partner or Authorized Corpor	rate Officer	
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest tha Acts of 2004, signed by the bui license and (2) the certificate o	lding inspector and the head	of the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			